

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	7						51			
2		1					52			
3	1						53			
4		1					54			
5		2					55			
6		2					56			
7		2					57			
8		2					58			
9	1						59			
10		1					60			
11	1						61			
12		1					62			
13		2					63			
14		2					64			
15							65			
16							66			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	16						TOTAL DEP.			
TOTAL CLAIMS	20						TOTAL CLAIMS			